NOVA SCOTIA
Community Services

DEPARTMENT OF COMMUNITY SERVICES

Services for Persons with Disabilities

Alternative Family Support Program Policy

Effective: July 28, 2006

Building strong, healthy communities together

Table of Contents

Section 1.	Introduction	Page 2
Section 2.	Eligibility for AFS Program - Residents	Page 9
Section 3.	Planning and Placement - AFS Residents	Page 11
Section 4.	Financial Assessment - AFS Residents	Page 16
Section 5.	AFS Service Agreement	Page 22
Section 6.	Eligibility, Application and Approval - AFS Providers and Homes	Page 24
Section 7.	Training	Page 31
Section 8.	Respite and Relief Services	Page 33
Section 9.	Documentation and Reporting - AFS Providers	Page 36
Section 10.	Creating a Safe Environment	Page 39

Program Policy:	Services for Persons with Disabilities	
Chapter ___10____:	Alternative Family Support	
Section ___1____:	Introduction	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 7

1.0 POLICY STATEMENT

The Alternative Family Support Program (AFS Program) is one option within a continuum of supports and services provided by the Services for Persons with Disabilities (SPD) Program. This setting allows for placement in an approved, private family home, where support and supervision is provided for up to two individuals unrelated to the AFS Provider. The program expands the range of sustainable options available in the community and allows individual needs to be met in a more flexible and personal manner.

1.1 The goals of the AFS Program are to:

- provide a safe and secure place to live in a family-like setting;
- offer an environment that encourages and supports Residents participation in day to day activities and decisions;
- assist Residents in achieving the highest level of independence possible; and
- support and promote community participation.

1.2 The program provides a family-like setting for individuals who may require varying levels of support and supervision, who may prefer living with a family, and who will benefit from the additional support a family environment can provide. The AFS Program embraces the philosophy of Individual Support Planning and collaboration among the Resident, their family or person acting on their behalf, their personal support network, the AFS Provider, and the Department of Community Services.

1.3 Residents are eligible to receive funding based on their assessed unmet needs for items such as room and board, support and supervision, and respite, as outlined in SPD policy.

Partnering with and accessing a variety of community support resources to address the holistic needs of individuals with disabilities is integral to supporting the Resident, the Provider, and for the effectiveness of this program.

2. DEFINITIONS

2.1 For the purposes of the AFS Program the following definitions apply:

2.2 Activities of Daily Living
Basic, routine personal care activities that are essential to self-care such as bathing, continence, dressing, grooming, eating, toileting and mobility.

2.3 Alternative Family Support Service Agreement (AFS Service Agreement)
A signed agreement between the Department of Community Services, an AFS Provider and an Individual, or their representative when appropriate, that outlines the responsibilities, expectations, and financial commitment for supports and services provided to individuals in the AFS Program.

2.4 Alternative Family Support Provider (AFS Provider)
An Individual or family that has been approved to provide support and services under an AFS Service Agreement to individuals in the AFS Program.

2.5 Alternative Family Support Resident (AFS Resident) / Resident
An eligible Individual who has been assessed and determined eligible to receive supports and services from the AFS Program and SPD Program and is living with an approved AFS Provider.

2.6 Applicant
A person who applies for assistance from the Services for Persons with Disabilities Program.

2.7 Approved Budget
A financial plan that details the funds allocated and approved for certain expenditures, and that have received the appropriate supervisory approval.

2.8 Assessment
A process of collecting financial and functional information using a consistent methodology in order to determine if an Applicant / Individual is eligible for assistance from the SPD / AFS Program. Assessment also assists SPD staff in making informed decisions by identifying assessed unmet needs and lays the foundation for identifying appropriate corresponding supports and services.

2.9 Assessed Unmet Needs
Needs identified through an individual functional assessment for which the Individual requires supports and services which are offered through the SPD Program.

2.10 Assistance

Assistance means the provision of money, goods and services to an eligible Individual including residential supports and other supports and services, excluding those available through private insurance and / or any other federal, provincial or community resources.

2.11 Budget Deficit

When an Applicant / Individual's total allowable expenses exceed their total chargeable income.

2.12 Care Coordinator

A Department of Community Services / SPD employee responsible for financial and functional assessments, case planning and case management.

2.13 Casework Supervisor / Senior Caseworker

A Department of Community Services employee who, among other duties, is responsible for overseeing the work and decisions made by a Care Coordinator.

2.14 Collaborative Approach

A collaborative approach is based on a consensus building philosophy which respects and highlights the Individual group members' abilities and contributions in order to accomplish a specific goal.

2.15 Continuum of Supports and Services

A mix of program and support options available through SPD for persons with disabilities. This continuum includes in-home, residential and day program supports and services.

2.16 Day Program

Daytime activities that may occur in facility-based settings and / or the community with a view to providing pre-vocational or vocational training, and / or supported employment for persons with disabilities. Some programs may also offer recreational and leisure opportunities.

2.17 Disability

A severe and persistent restriction or impairment that results in an inability to perform an activity within the range considered normal for someone of the same age, gender and culture. It describes a functional limitation (versus a diagnosis) and is ongoing in nature:

l) **Acquired Brain Injury (ABI)** - Damage to the brain that may result in a range of physical, cognitive and behavioral problems, as well as problems which are emotional, social, educational or vocational in nature.

ii) **Developmental Disability** - A disorder characterized by substantial impairment in several key areas of development, i.e. social interaction, communication, behavioural presentation.

iii) **Intellectual Disability** - A significantly lower than average intellectual functioning that is accompanied by limitations in adaptive functioning in at least two skills of life domains, such as: communication, self-care, social / interpersonal, use of community resources, mobility, functional academic skills, behavioural presentation. There are four degrees of severity:

Mild: IQ - 50 to 70
Moderate: IQ - 39 to 55
Severe: IQ - 20 to 40
Profound: IQ - 20 to 25

iv) **Long Term Mental Illness** - A persistent alteration in a person's thinking, feeling or behaviour which creates difficulties in functioning normally, socially or at leisure; examples include schizophrenia, chronic mood disorders.

v) **Physical Disability** - A significant ongoing physical limitation that substantially limits independence and requires ongoing supervision, support, or skills development.

2.18 Eligibility
The determination of whether Applicants / Individuals meet the SPD / AFS Program criteria to receive supports and services.

2.19 Eligible Individual
Refer to definition for Individual.

2.20 Functional Assessment
The determination of the physical, social, recreational, and vocational level of functioning of an Individual that yields a clear and complete profile of an Individual's strengths and needs and assists in identifying assessed unmet needs and goals. The information is collected from a variety of sources including the Individual, direct observation and collateral contacts.

2.21 Independent / Independence
The degree to which individuals are able to manage their own personal care activities, home and community activities.

2.22 Individual

A person with a disability who has undergone a financial and functional assessment, is determined to be eligible for the SPD / AFS Program, and receives supports and services offered through the SPD / AFS Program.

2.23 Individual Support Plan (ISP)

A document that integrates and documents all supports and services the Individual may receive. The ISP identifies the assessed unmet needs, related goals, and the objectives required for meeting the person's preferences, choices, and desired outcomes. The Individual Support Plan is developed by the Care Coordinator, with the full participation of the Individual, their family and / or person acting on their behalf, the AFS Provider, and others as appropriate.

2.24 Instrumental Activities of Daily Living (IADL)

More complex functions than basic self-care activities of daily living. IADLs include using the telephone, making and keeping appointments, handling money, budgeting, managing medication, shopping, using transportation, moving about in the community, maintaining a household, working, preparing meals, laundry, housekeeping, working, and participating in leisure and recreational activities.

2.27 Person acting on their behalf

Refers to:

(I) any person who acts on the Individual's behalf when the Individual has given written permission;

(ii) the Individual's legal guardian; or

(iii) a person with power of attorney for the Individual.

2.28 Personal Support Network

A personal support network is made up of individuals such as doctor(s), therapist(s), members of the community, family, and friends that are involved in and / or support the Individual with different parts of their life.

2.29 Re-assessment / Review

A second or subsequent assessment of an Individual and / or their circumstances. Re-assessments identify an Individual's strengths and needs. Re-assessments are typically performed annually and / or in response to changes in circumstances and / or in order to identify changes in needs and / or resources.

2.30 Semi-independent

An Individual who requires a minimum level of support and skills development in preparation for independence and / or enhancement of their independence.

2.31 Services for Persons with Disabilities (SDP) Policy
Community Supports for Adults Policy Manual, its amendments and additions, and any successor policies and procedures.

2.32 Services for Persons with Disabilities (SPD) Specialist
A Department of Community Services / SPD employee responsible for regional delivery of SPD Programs.

2.33 Transfer
Transfers between SPD program options.

2.34 Transition
Discharge from a SPD Program.

2.35 Unrelated
Not in the relationship of parent, child, sibling, spouse, aunt, uncle, great aunt, great uncle, grandparent or great grandparent, cousin, nephew or niece, or legal guardian to the eligible Individual.

3. POLICY OBJECTIVE

The objective of this policy is to provide SPD staff, Applicants, Residents, members of their personal support network, and AFS Providers with an introduction to the AFS Program and policies.

4. APPLICATION

4.1 For the purposes of the AFS Program the following application statement applies to all the policies contained within this chapter, unless otherwise stated.

4.2 All the policies contained within this Chapter apply to all SPD staff, AFS Providers, Residents or person acting on their behalf when appropriate, involved in the AFS Program.

5. ACCOUNTABILITY

5.1 For the purposes of the AFS Program the following accountability statements apply to all the policies contained within this chapter.

5.2 All SPD staff, AFS Providers, Applicants, Residents or person acting on their behalf when appropriate, are responsible for complying with this policy and general SPD policy.

5.3 Casework Supervisors / Senior Caseworkers and District Managers are responsible for the fair and consistent application of the policy, related guidelines, and procedures as a part of case management supervision duties and responsibilities.

5.4 The Regional Administrator, SPD Specialist, and AFS Program Coordinator are responsible for ensuring the policy is effective in enabling SPD Staff to deliver the AFS Program in an efficient and cost-effective manner.

5.5 The SPD Division, in consultation with the Regional Management team, is responsible for ensuring that SPD Staff have access to appropriate training.

6. MONITORING

6.1 For the purposes of the AFS Program the following monitoring statements apply to all the policies contained within this chapter.

6.2 The SPD Division is responsible for ensuring that an effective ongoing review and periodic evaluation is in place to determine that the AFS Program is meeting its objectives.

6.3 The Deputy Minister, Assistant Deputy Minister, and Senior Management are responsible for monitoring the effectiveness and the consistent application of this policy.

Program Policy:	Services for Persons with Disabilities	
Chapter ____10___:	Alternative Family Support	
Section ____2___:	Eligibility for AFS Program - Residents	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 2

1.0 POLICY STATEMENT

To identify Applicants who are eligible and whose support needs can be accommodated in an AFS setting.

2.0 DEFINITIONS

Please refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To define the eligibility criteria for the AFS Program.

4.0 APPLICATION

Refer to Chapter 10, Section1: Introduction 4.1-4.2.

5.0 POLICY DIRECTIVES

5.1 Eligibility for AFS Program

5.1.1 An Applicant must be eligible for the SPD Program in order to be eligible for the AFS Program.

5.1.2 To be eligible for the AFS Program the assessment process must identify that an Applicant meets the following criteria:

- the Applicant's assessed support needs can be successfully accommodated in an AFS setting;
- appropriate supports identified through the assessment and Individual Support Plan processes are available;
- the Applicant does not require long term or ongoing night awake support;
- the placement is within approved funding levels and AFS Program resources; and

- the Applicant or the person acting on their behalf have agreed that the available AFS placement is an appropriate residential program option.

5.2 Ineligibility

5.2.1 An Applicant is ineligible for the AFS Program when the assessment process identifies unmet needs for supports and services that cannot be provided within AFS Program resources and within AFS Program funding levels:

- appropriate supports identified through the assessment and Individual Support Plan processes are unavailable;
- the Applicant requires long term or ongoing night awake support;
- there are safety and risk management issues that cannot be reliably and safely supported in a home environment;
- the placement costs exceed approved funding levels; and
- there is no appropriate match between AFS Provider and Applicant or Resident *(AFS policy Chapter 10, Section 3: Planning and Placement: 5.2).*

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

Program Policy:	Services for Persons with Disabilities	
Chapter ___10___:	Alternative Family Support	
Section ___3____:	Planning and Placement - AFS Resident	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 5

1.0 POLICY STATEMENT

To ensure there is an integrated and responsive approach in establishing, maintaining, and supporting AFS Resident placements.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To ensure the planning and placement process is responsive to individual needs and the changing circumstances of AFS Residents.

4.0 APPLICATION

Refer to Chapter 10, Section 1: Introduction 4.1-4.2

5.0 POLICY DIRECTIVES

5.1 Overview of AFS Program to Individual / Natural Family / Person Acting on their Behalf

5.1.1 All eligible Applicants, their family or person acting on their behalf when appropriate, shall be provided with an introduction to the AFS Program, policies, and procedures by the Care Coordinator.

5.1.2 A general overview of the AFS Program will be offered and will include, but is not limited to:

- purpose and goals of Program;
- rights, roles and responsibilities of all participants;
- processes and expectations concerning the Resident's involvement in the selection of placement, pre-planning process, initial adjustments and

ongoing participation in the program; and
- problem resolution process.

5.2 Resident Matching and Selection of AFS Home

5.2.1 An AFS referral will involve a review of the Applicants assessment information and the completion of the AFS Level of Support Assessment Tool. This information will be used to assist in the selection of the most suitable AFS placement for an Applicant. Care Coordinator(s) shall:

- identify prospective AFS Providers, or initiate recruitment of appropriate Providers, as required;
- share appropriate background and related services information with potential AFS Providers;
- facilitate contact and arrangements for pre-placement visits to prospective AFS Home(s); and
- involve Applicant, their family, or person acting on their behalf, and AFS Provider in the decision to move forward with placement to ensure all parties agree to placement.

5.3 Individual Support Plan Development

5.3.1 Each AFS Resident shall have an Individual Support Plan developed based on the information obtained from the assessment process. The ISP shall identify assessed unmet needs and Individual's goals in the following areas and may include, but is not limited to the:

- level of supervision;
- level of assistance and support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADLs);
- health maintenance and promotion;
- medication management;
- family and / or personal network involvement;
- emergency arrangements;
- community participation;
- professional supports;
- vocational, social, and leisure activities;
- level of assistance with AFS Resident's personal funds;
- approved items of special requirement.

5.3.2 The Care Coordinator shall use a collaborative approach throughout the Individual Support Plan process. The process involves the AFS Resident, their family and / or others from their personal support network, as appropriate.

5.3.3 The Individual Support Plan process assists in identifying the Individual's goals, strengths, and abilities and their assessed unmet needs. It also identifies the corresponding supports and services required to achieve the prioritized goals, and is implemented in collaboration with the AFS Provider.

5.3.4 Individual Support Plan approvals shall be provided as outlined below and in *AFS policy Chapter 10, Sections 1 and 4, Eligibility and Financial Assessment* respectively.

- AFS placements for Individuals requiring:
  - support at Levels I and II, as determined by the AFS Level of Support Assessment Tool, require the approval of a Casework Supervisor / Senior Caseworker, based on the recommendation of the Care Coordinator;
  - support Level III, as determined by the AFS Level of Support Assessment Tool, requires the approval of a Casework Supervisor / Senior Caseworker and District Manager, based on the recommendation of the Care Coordinator; and
  - support at Levels IV and V, as determined by the AFS Level of Support Assessment Tool, requires the SPD Specialist's review and recommendation and the District Manager's approval, based on the recommendation of the Casework Supervisor / Senior Caseworker and Care Coordinator.
  - Refer to *AFS policy Chapter 10, Section 4, Financial Assessment 6.1-6.3* for approvals for Extraordinary Circumstances.

5.3.5 An Individual Support Plan will be signed by all participants.

5.4 AFS Service Agreement

5.4.1 An AFS Service Agreement is signed by the Care Coordinator, Resident, their family, or person acting on their behalf, and AFS Provider. Refer to *AFS policy Chapter 10, Section 5, AFS Service Agreement* for specifics.

5.5 Notification of Resident Placement

5.5.1 The Care Coordinator shall forward information concerning the location, funding, and Resident demographic information for inclusion in the AFS provincial program database.

5.6 Ongoing Case Management and Support

5.6.1 There shall be ongoing case management to provide continuity, support, and planning according to the Individual Support Plan needs and / or changing circumstances.

5.6.2 Care Coordinator(s) shall employ a variety of strategies to support and monitor the AFS placement, service provision, and the Individuals ongoing eligibility for the AFS Program.

5.6.3 During the initial transition, and in the first three months of a new placement, a Care Coordinator will maintain frequent contact through home visits and telephone liaison to assist in the resolution of issues and concerns and the stabilization of the placement.

5.6.4 Care Coordinator(s) shall interview AFS Residents and / or person acting on their behalf separately and / or privately, as well as seek opportunities to involve significant others, such as natural family, medical / clinical support teams, vocational, or day program personnel, as part of the ongoing monitoring of Resident support provision.

5.6.5 Care Coordinator(s) shall review a Resident's circumstances using a comprehensive assessment process. The review shall involve updating the Individual Support Plan, the AFS Level of Support Assessment Tool, and approved funding, when circumstances warrant. These reviews shall be conducted and documented at the following intervals:

- after 3 months of initial AFS Program admission;
- annually; or
- more often when changes in circumstances warrant.

5.6.6 Care Coordinator(s) are responsible for ensuring that written documentation reflects completed reviews and changes, as appropriate.

5.7 Transfer and Transition

5.7.1 When a Resident's circumstances have been reviewed and it is determined that the Individual requires a change in their supports which cannot be provided in the AFS Program, the Individual shall be provided assistance to secure an alternate residential setting which meets those needs.

5.7.2 When a Resident requires a transfer to an alternate residential setting, SPD Staff shall provide support planning for these transfers. The transfer plans shall be discussed and developed in cooperation with the AFS Provider, Resident, their family, or person acting on their behalf, and their personal support network when appropriate, and will follow SPD policy.

5.7.3 When a Resident has been assessed and determined ineligible for AFS and SPD Programs, SPD Staff shall follow SPD policy regarding planning and transitions.

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5.

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

8.0 APPENDICES

AFS Level of Support Assessment tool
Individual Support Plan

Program Policy:	Services for Persons with Disabilities	
Chapter ___10___:	Alternative Family Support	
Section ___4___:	Financial Assessment for AFS Residents	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 6

1.0 POLICY STATEMENT

To establish a standardized approach for determining financial eligibility and assistance for Applicants and Residents in the AFS Program.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To ensure financial resources are used efficiently and effectively to provide appropriate supports and services to AFS Residents.

4.0 APPLICATION

Refer to Chapter 10, Section 1: Introduction 4.1 to 4.2.

5.0 POLICY DIRECTIVES

5.1 Funding for AFS Residents

5.1.1 The Care Coordinator shall determine an Applicant's financial eligibility for the AFS Program by conducting a financial assessment in accordance with SPD policy. As assessments are done for each Individual the provision of assistance will not be identical in all cases.

5.1.2 In conducting a financial assessment the Care Coordinator shall:

- follow SPD policy regarding financial eligibility and budget development;
- ensure assistance does not exceed the rates and allowances provided by SPD policy; and
- develop a budget for the Individual using the assistance provided by SPD policy and this Policy, and in the event that one contradicts the other this Policy shall be followed.

5.1.3 Funding is determined by a financial and functional assessment, the Individual Support Planning process, and in accordance with approved AFS rates.

5.1.4 In addition to an AFS monthly allowance for room and board, support and supervision, and respite, funding for other items identified as assessed unmet needs are available as outlined in SPD policy.

5.1.5 When the Applicant has been determined eligible for the AFS Program, refer to *AFS policy Chapter 10, Section 2: Eligibility for AFS Program - Residents*; if the AFS Program funding is not available in the fiscal year in which service is requested, the Applicant's name shall be placed on a wait list, upon their request.

5.1.6 Funding is payable in advance at the beginning of the month to the:

- AFS Provider - upon receipt of a monthly invoice detailing approved costs and expenditures submitted to the Care Coordinator.
- AFS Resident - personal funds shall be paid in advance to the Individual and / or the AFS Provider as identified in the Individual Support Plan.

5.2 Funding and Individual Support Plan Approval

5.2.1 Funding approval for support levels I and II will be made by the Casework Supervisor / Senior Caseworker upon the Care Coordinator's recommendation, and only to the extent that the level of support is within available funding limits of the AFS Program.

5.2.2 Funding approval for support level III will be made by the District Manager upon the Care Coordinator's recommendation, and only to the extent that the level of support is within available funding limits of the AFS Program.

5.2.3 Funding approval for cases for support levels IV and V shall require:

- a recommendation by the Care Coordinator and Casework Supervisor / Senior Caseworker;
- consultation and support of the SPD Specialist;
- approval by the District Manager;

only to the extent that the level of support is within available funding limits of the AFS Program.

5.3 Management / Trusteeship of Resident Funds

5.3.1 All Individuals participating in the AFS Program are encouraged and entitled to participate in the management of their finances to the greatest extent of their ability.

5.3.2 The Care Coordinator will ensure the level and type of financial support is documented through the Individual Support Plan process.

5.3.3 When an AFS Provider is required to provide financial management support to Residents the AFS Provider shall:

- receive funds for the benefit of the Resident for the purposes of administering comforts (personal use) allowance, clothing and other miscellaneous items on their behalf, in accordance with SPD and this Policy and the Individual's support plan;
- utilize amounts received for the Resident for those items that are specifically approved for the Resident;
- prepare a monthly account reconciliation, which shall be available to the Department upon request.

5.4 Resident Absence(s)

5.4.1 The Care Coordinator shall ensure there is no disruption in monthly funding when Residents are temporarily, for less than 30 days, absent from the AFS Home, for purposes of vacation, visiting family, and / or hospitalization, as per SPD policy.

5.4.2 The Care Coordinator shall seek approval from the Casework Supervisor / Senior Caseworker to continue funding the basic Room and Board and Support Rate, to an AFS Provider in circumstances where an AFS Resident's absence is further extended, if the AFS Provider remains actively involved with Resident's support, and there is confirmation that the Resident is returning to the home.

6.0 POLICY GUIDELINES

6.1 Extraordinary Circumstances

6.1.1 It is recognized that in rare circumstances AFS Residents may require additional supports or funding beyond the approved AFS funding rate in order to maintain safety and / or success of a placement. This may occur on either a short-term or emergency basis. Care Coordinators may request approval for additional funding as outlined below in sections 6.2 - 6.2.5.

6.2 Short-term / Emergency Circumstances

6.2.1 Approval may be granted for short-term or emergency circumstance funding when:

- the AFS Provider is experiencing a temporary health issue and is unable to continue regular support responsibilities;
- an AFS Provider family emergency, i.e. death in the family, requires the family to be unavailable for regular support responsibilities;
- a short-term deterioration in the mental or physical health of the Resident; and
- increased Resident safety risks that can be managed with additional supports.

6.2.2 When short-term or emergency funding is assessed as necessary, the Care Coordinator shall provide written documentation and submit to the Casework Supervisor / Senior Caseworker and District Manager the following information:

- the reason for additional funding, identifying the specific AFS Resident and / or Provider circumstances;
- the types of supports required;
- the support alternatives explored and rejected;
- information on the AFS Provider's capacity to provide support;
- re-assessment plans to monitor the effectiveness of the additional supports and funding; and
- the proposed budget.

6.2.3 Approval for additional funding may be granted on a monthly basis when, costs do not exceed that of a licensed placement option that would provide a corresponding level of support and supervision. Approvals are granted on a monthly basis for a period of time not to exceed 3 months.

6.2.4 The provision of additional funding shall be reviewed by the Care Coordinator to assess the ongoing need and effectiveness of the additional supports and funding. If it is determined that the additional supports and funding are required for more than 90 days, the Resident shall be re-assessed to identify unmet needs and to determine the most appropriate placement.

6.2.5 Any instance of short-term or emergency funding shall be documented by the Care Coordinator. The information gathered through this process will be considered in the re-assessment of the Individual Support Plan and the evaluation of supports and services offered reviews and the evaluations of the supports and services offered by the AFS Program.

6.3 Specialized Circumstances

6.3.1 When the Care Coordinator has determined that the AFS placement requires funding that exceeds regular AFS rates and no other suitable vacancy exists, additional levels of approval are required as outlined in 6.3.2 - 6.3.5.

6.3.2 Specialized funding is assessed and determined on an individual basis.

6.3.3 This specialized funding shall only be requested when all participants (AFS Provider, Care Coordinator(s), Casework Supervisor / Senior Caseworker, AFS Resident or person acting on their behalf, and personal support network as appropriate) have reached consensus that th existing placement is in the best interest of the AFS Resident.

6.3.4 The Care Coordinator shall prepare the following written documentation:

- specific AFS Resident / placement needs and the reasons for additional supports and funding;
- types of supports required;
- alternatives explored and rejected;
- information on the AFS Provider's capacity to provide ongoing support;
- an updated Individual Support Plan and proposed budget which reflects AFS standard costs, as identified in *AFS policy Chapter 10, Section 4: 5.2*, and other costs associated with the additional supports and funding.

6.3.5 The written documentation shall be forwarded to the Casework Supervisor / Senior Caseworker, for consultation with the SPD Specialist, and authorization of the Regional Administrator.

6.3.6 Requests shall be forwarded by the Regional Administrator to the Director of SPD for recommendation and referral to the Executive Director, and forwarded to the Deputy Minister for final approval.

6.4 Damages to Homes

6.4.1 Approved AFS Providers who have provided proof of insurance and who have incurred damages to their home or property by an AFS Resident may be compensated. Reasonable costs may be considered for reimbursement through the AFS self-funded program in consultation with the Insurance and Risk Management Section of the Department of Transportation and Public Works.

7.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

8.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

9.0 APPENDICES

Monthly Invoice
Notification of Damages or Loss Report

Program Policy:	Services for Persons with Disabilities	
Chapter ___10___:	Alternative Family Support	
Section ___5____:	AFS Service Agreement	
Effective: 28/07/06 **Revised:**	**Authorized by:** Marian F. Tyson, Deputy Minister	Page 1 of 2

1.0 POLICY STATEMENT

A written AFS Service Agreement will be used to strengthen and promote the efficient and effective use of program resources.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To ensure a consistent approach to the development and use of AFS Program services and to identify roles and responsibilities, supports, services, and funding arrangements for the AFS Program.

4.0 APPLICATION

Refer to Chapter 10, Section 1: Introduction 4.1-4.2

5.0 POLICY DIRECTIVES

5.1 Agreement Development

5.1.1 An AFS Service Agreement (the Agreement) is signed between the Resident, AFS Provider and the Department of Community Services within 10 days of placement of the Resident. The Agreement will include, but is not limited to, basic program expectations, and roles and responsibilities of all parties.

5.1.2 The Care Coordinator shall use the Agreement template, attached as an appendix to this Policy, which outlines the provision and delivery of support services by the AFS Provider, program expectations, and conditions for termination of the Agreement. Funding arrangements shall be outlined as part of the Individual Support Plan.

5.1.3 In accordance with the AFS Service Agreement, and to further clarify and individualize service expectations and responsibilities, the following supporting documents are completed and / or provided:

- *AFS Provider Handbook*;
- current Individual Support Plan;
- AFS Level of Support Assessment Tool;
- approved budget;
- any other documents, as required.

5.1.4 If changes to the clauses in the Agreement template are requested by the Care Coordinator or AFS Provider, they shall be identified by the Care Coordinator and approved by the Director of SPD prior to signing the Agreement.

5.1.5 The Agreement shall be signed by the Care Coordinator authorized to act on behalf of the Minister, the AFS Provider, and the Resident, or person acting on their behalf, when appropriate.

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

9.0 APPENDICES

AFS Provider Agreement Template
AFS Provider Handbook

Program Policy:	Services for Persons with Disabilities	
Chapter ___10___:	Alternative Family Support Program	
Section ___6____:	Eligibility, Application, & Approval - AFS Providers and Homes	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 7

1.0 POLICY STATEMENT

To ensure AFS Providers meet eligibility criteria and to ensure AFS Homes offer a family-like environment that is safe, secure, and promotes AFS Resident independence and community participation.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVES

To define eligibility criteria and establish a standardized process for application, approval and ongoing monitoring of the AFS Providers and Homes.

4.0 APPLICATION

All AFS Provider applicants and approved Providers and SPD Staff, specifically those involved in the recruitment, assessment, approval and monitoring of AFS Providers and Homes.

5.0 POLICY DIRECTIVES

5.1 Eligibility - Prospective AFS Provider Applicants

5.1.1 AFS Provider applicants shall:

- be at least 19 years old;
- offer personal stability and a stable home environment;
- participate in the screening, application, and approval processes;
- meet standards and guidelines, outlined in SPD / AFS policy and *AFS Provider Handbook;*
- be willing to participate in orientation, training, and ongoing activities; and
- be unrelated to the Individual eligible for AFS support.

5.2 Requests for Information

5.2.1 The AFS Provider applicant will be provided with basic program information and shall be offered an introductory session on the AFS Program. This session may be conducted through an Individual at home consultation, or within a group presentation, where available.

5.3 Application Documentation

5.3.1 All prospective AFS Provider applicants interested in pursuing further assessment shall complete and submit to the Department of Community Services the following documentation as a part of the application process:

- application;
- reference contact information from three unrelated adults and one relative;
- proof of a Criminal Record Check and vulnerable person sector search, for applicants and any one residing in the home who is 19 years of age or older;
- completed Child Welfare inquiry(s) consent form;
- medical report.

5.3.2 Costs associated with the completion of any documentation are the responsibility of the AFS Provider applicant.

5.4 Review and Screening Process

5.4.1 An application shall not be screened until all required documentation has been received. Prospective AFS Provider applicants will be notified by letter when the application is complete.

5.4.2 Approval and / or further assessment of an application shall not be considered when AFS Provider applicants or anyone else residing in the home have:

- had a restraining order, peace bond, or domestic violence order or conviction applied against them within seven (7) years prior to their application;
- been convicted of a criminal act toward or involving a child and / or adult including physical or sexual abuse; and
- had Child Protection involvement within seven (7) years prior to their application where incidents of abuse / neglect have been substantiated.

5.4.3 In instances where AFS Provider applicants or anyone else residing in the home have a criminal record:

- documented details of charges / convictions are to be provided by the AFS Provider applicant;
- consultation will occur between the Care Coordinator and Casework Supervisor / Senior Caseworker and other management as required to decide whether an AFS Provider applicant is ineligible or eligible to proceed further through the assessment process.

5.4.4 In instances where AFS Provider applicants or others residing in the home have a history with involvement of Child Protection Services:

- consultation will occur with the local Children and Family Services Agency / District Office to determine whether an AFS Provider applicant is ineligible or eligible to proceed further through the assessment process.

5.4.5 SPD Staff shall document and discuss all concerns identified through the screening process with the Casework Supervisor / Senior Caseworker. Concerns identified will require remedial action before an application can proceed. Only those AFS Provider applicants who satisfactorily resolve all identified concerns will be considered eligible to proceed to the next step of the application and screening process.

5.5 Home Assessment

5.5.1 The home assessment will be conducted by the Care Coordinator through a series of home visits. Home visits allow for the assessment of the prospective AFS Provider and the home environment. The assessment will also explore and identify AFS Provider abilities and routines in order to assist in matching approved AFS Providers with potential Residents. The type of support needs that can be best served by the AFS Provider shall be noted in the assessment.

5.5.2 Home assessment expectations and standards:

- the AFS home must be the principal residence of the AFS Provider, and the Provider must only operate one home at a time;
- the provision of support is limited to two individuals with disabilities unrelated to the AFS Provider, who require support and supervision;
- each Resident shall have their own bedroom and free access to common living spaces;
- the physical premises, both interior and exterior are well maintained;

- proof of home and vehicle insurance acceptable to the Minister; and
- the AFS Provider applicant supplies compliance with Fire & Life Safety requirements, as per the Office of the Fire Marshall approved Home Inspection Guidelines.

5.6 Approval of AFS Provider

5.6.1 The Care Coordinator shall review and document all pertinent information as per Program policy and Home Study Guidelines and:

- consult with Casework Supervisor / Senior Caseworker in terms of making a recommendation;
- forward the information and recommendation to the SPD Specialist for their information and recommendation; and
- submit to District Manager for final approval.

5.6.2 The Care Coordinator shall forward a letter notifying the AFS Provider applicant of their acceptance as an AFS Provider in the AFS Program. The AFS Provider information will be kept on file until a potential and / or appropriate Resident match is available.

5.7 Matching Process

5.7.1 Approval of an AFS Provider does not guarantee placement. Placement will only occur after an eligible Individual(s) is matched with an AFS Provider through a flexible and individualized process that involves the consensus of Care Coordinator(s), the Individual, their family or person acting on their behalf, when appropriate, and the AFS Provider.

5.7.2 The following factors shall be considered in the matching process:

- the Individual's interests, strengths and support needs relative to the AFS Provider's capacity, skill set and ability to respond;
- compatibility with another AFS Resident living in the AFS Provider home and their support needs;
- geographical location / availability of social, recreational and medical services;
- accessibility requirements to accommodate the Individual's disability;
- language, cultural, religious, ethnic considerations;
- views / habits of the Individual and AFS Provider regarding the use of tobacco and / or alcohol;
- availability and / or access to employment and day activities; and
- shared interests, values, hobbies, household routines.

5.8 Monitoring and Support to Approved AFS Providers

5.8.1 The Care Coordinator shall:

- provide assistance with coordination of pre-placement visits and support through the transition process for all AFS participants;
- visit the AFS Provider within one month, and at three months for new placements, to identify and assist in the resolution of any AFS Program questions or concerns;
- remain available to assist with any ongoing questions and concerns.

5.9 Annual Review

5.9.1 The Care Coordinator shall conduct a review of the AFS Provider's circumstances, annually or more often when circumstances warrant. The review will include, but is not limited to:

- a review and assessment of the AFS Provider's current circumstances;
- updated documentation, as required;
- consultation with the AFS Resident or person acting on their behalf, and the AFS Resident's Care Coordinator;
- review of the AFS Service Agreement and *AFS Provider Handbook* expectations;
- identification of any AFS Provider training needs;
- recommendations on the ongoing and future use of the home; and
- feedback on the AFS Program as part of an evaluation process.

5.10 Transition of Children's Foster Family(s) to the AFS Program

5.10.1 When it has been determined that a children's foster family will be transferred to the AFS Program and will continue to provide long-term support to an Individual who meets SPD eligibility criteria, the AFS orientation and approval process(es) shall apply. Refer to 5.1 to 5.5 of this section.

5.10.2 The Care Coordinator shall confirm that the foster family wishes to continue to provide long-term support to the Individual; and consult with the Foster Care Social Worker to discuss and obtain any pertinent information.

5.10.3 The AFS funding framework will be applied to determine the appropriate level of funding when the foster family is approved as an AFS Provider.

5.10.4 When it has been determined that an SPD eligible Individual will remain in the foster home on a short-term basis, i.e. while awaiting placement and / or until another residential placement option is secured, the following shall apply:

- the foster family will not require AFS Program approval;
- the current foster family funding rate will be maintained; and
- the Resident's personal funding for approved items such as comforts (personal use) allowance, and transportation shall be determined by SPD Policy and procedures.

6.0 POLICY GUIDELINES

6.1 Exceptional Circumstances

All requests for exceptions shall be documented by SPD Staff, reviewed by the SPD Specialist, and approved by the Regional Administrator in consultation with the SPD Director.

6.1.1 Increasing Number of AFS Residents in an AFS Home

In rare and / or exceptional circumstances a third Resident may be considered for placement when the AFS Provider and home has the space and capacity to accommodate a third individual. These circumstances may include:

- the need to accommodate a sibling group;
- to provide respite, as approved, on an intermittent basis to another eligible SPD Individual; and
- situations in which the experience and skill set of the AFS Provider is such that they meet the needs of a specific Individual and no other qualified AFS Provider is immediately available.

6.1.2 Continuation of Foster Home Funding Rates

In circumstances where a current foster home funding rate exceeds AFS funding rates, consideration of continuing this rate may occur upon the recommendation of the Care Coordinator, Casework Supervisor / Senior Caseworker, and SPD Specialist. Notification and consultation with the AFS Program Coordinator / SPD Director and approval of the Regional Administrator is required.

All new placements will be subject to AFS funding rates.

7.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

8.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

9.0 APPENDICES

AFS Provider & Home Application
Home Study Guidelines
AFS Provider Handbook
Annual Reassessment / Review form
Declaration of Confidentiality

Program Policy:	Services for Persons with Disabilities	
Chapter ___10____:	Alternative Family Support	
Section ___7____:	Training	
Effective: 28/07/06 Revised:	Authorized by: Marian F. Tyson, Deputy Minister	Page 1 of 2

1.0 POLICY STATEMENT

AFS Providers are expected to have or acquire the basic and Resident specific knowledge and skills in order to meet an AFS Resident's needs and to facilitate and sustain a successful placement.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To provide a standardized approach to ensuring AFS Providers meet the minimum training requirements as identified by the AFS Program and to access specific training to meet the needs of individual AFS Residents.

4.0 APPLICATION

Refer to Chapter 10, Section 1: Introduction 4.1-4.2

5.0 POLICY DIRECTIVES

5.1 Training Expectations

5.1.1 AFS Providers shall be expected to participate and complete training as identified, requested, and offered by the Department of Community Services. This includes:

- standard First Aid and CPR training (prior to or within 30 days of Resident placement);
- AFS Resident specific medication consultation session with the dispensing Pharmacist (prior to or within 5 days of Resident placement);
- other modular training as identified and offered by the SPD / AFS Program or the Care Coordinator; and
- other training as identified by specific Resident need and documented

through the Individual Support Plan process.

5.2 AFS Providers who are providing support to Residents are eligible to be reimbursed for the cost of standard First Aid and CPR training. Prior approval by the Care Coordinator and submission of receipts is required.

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

Program Policy:	Services for Persons with Disabilities	
Chapter ___10____:	Alternative Family Support	
Section ___8____:	Respite and Relief Services	
Effective: 28/07/06 **Revised:**	**Authorized by:** Marian F. Tyson, Deputy Minister	Page 1 of 3

1.0 POLICY STATEMENT

The Department recognizes the value of respite and relief services to support an AFS Provider and the AFS Resident's placement. The AFS Resident's immediate and extended family is encouraged to participate in respite planning and to provide respite if and when possible.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To maintain a successful placement and to support AFS Providers to have periodic breaks by using respite and relief services.

4.0 APPLICATION

All SPD Staff, AFS Providers, Residents, their families and / or person acting on their behalf, and respite providers involved in the AFS Program.

5.0 POLICY DIRECTIVES

5.1 Respite for AFS Providers

5.1.1 AFS Providers are entitled to up to 30 days of respite funding, per Resident annually. The annual respite funding allotment is based on the Resident's daily room and board and support rate.

5.1.2 The AFS Provider shall follow protocols regarding appropriate notification and documentation of respite provider arrangements and request respite funding as outlined in the *AFS Provider Handbook*.

5.1.3 AFS Providers are required to provide receipts for respite. Approval for respite funding can be requested in advance and receipts forwarded to the Care Coordinator after respite has occurred.

5.2 Respite Support Providers

5.2.1 All individuals providing respite for AFS Providers are subject to the following expectations:

- are mature, responsible individual(s) over the age of 19;
- have a criminal record check, with a vulnerable person sector search;
- have the required skills, knowledge, information and training to meet all of the Resident's support needs;
- are aware of all emergency protocols and have an emergency contact number for the AFS Provider;
- have standard First Aid and CPR training, in circumstances where respite providers are responsible for providing support on an ongoing and routine basis or are offering respite for periods of time exceeding 24 hours; and
- have a home that meets AFS Program standards and Fire and Life Safety guidelines when overnight respite is provided in the respite provider's home.

5.2.2 If a member of the Resident's family is able and willing to provide respite they are not subject to the above criteria.

5.2.3 Respite arrangements shall be documented by the Care Coordinator in an Individual Support Plan and shall be reviewed at least annually, more often as required.

6.0 POLICY GUIDELINES

6.1 Overnight Respite - Out of Home

6.1.1 The Care Coordinator may approve overnight respite in another approved placement option, if required, as per SPD policy and procedures.

6.2 Respite Provided by the Resident's Natural Family

6.2.1 While members of the Resident's natural family are not eligible to receive payment for providing respite support; some of the costs associated with providing this support may be considered for reimbursement. When the Resident's natural family provides respite at the AFS Provider's request and convenience, costs such as transportation, special diet, or respite requirements for the natural family may be funded. This funding may be covered through the AFS Provider's annual respite allotment when required.

7.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

8.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

9.0 APPENDICES

Request for Respite funding form

Program Policy:	Services for Persons with Disabilities	
Chapter ___10____:	Alternative Family Support	
Section ___9____:	Documentation and Reporting - AFS Providers	
Effective: 28/07/06 **Revised:**	**Authorized by:** Marian F. Tyson, Deputy Minister	Page 1 of 3

1.0 POLICY STATEMENT

Accurate and current documentation is important for the and continuity of support and services for AFS Residents; therefore, all relevant information must be reported, recorded in writing, and maintained in a confidential manner.

2.0 DEFINITIONS

Refer to Chapter 10, Section 1: Introduction 2.1-2.35.

3.0 POLICY OBJECTIVE

To ensure AFS Providers report, record, and maintain current and accurate information, while maintaining AFS Resident confidentiality.

4.0 APPLICATION

All SPD Staff, AFS Providers, Residents, their families and / or person(s) acting on their behalf, and respite providers involved in the AFS Program.

5.0 POLICY DIRECTIVES

5.1 Records Maintenance

5.1.1 AFS Providers shall maintain current and accurate records for AFS Resident safety and for continuity of supports and services.

5.1.2 The Care Coordinator shall provide the AFS Provider with Resident information and appropriate reporting and recording forms when the Resident is placed with the AFS Provider.

5.1.3 AFS Providers shall:

- follow guidelines in the AFS Handbook and / or Individual Support Plan regarding all reporting and recording requirements;

- ensure AFS Resident files are stored in a secure and confidential manner in the AFS Provider home; and
- ensure all AFS Resident information and records are up to date and returned to the Department of Community Services when a placement ends, within 10 days of the AFS Resident leaving the AFS Provider home.

5.2 Reporting Requirements

5.2.1 AFS Providers shall provide a report to the Care Coordinator which outlines the AFS Resident's status, progress, and / or any concerns.

- For new admissions, reports shall be provided on a monthly basis for three months, and thereafter shall be forwarded to the Care Coordinator on a quarterly basis.
- the Care Coordinator will review and follow up with the AFS Provider and Resident, as required.

5.3 Reporting of Unusual or Critical Incidents - AFS Program

5.3.1 AFS Providers shall inform the Care Coordinator of any critical, serious or unusual incidents that involve AFS Resident(s):

- The Care Coordinator shall ensure the AFS Provider has received training in the requirements and procedures for reporting incidents and has the *AFS Provider Handbook*.
- The AFS Provider will follow procedure as outlined in *AFS Provider Handbook* and complete a Notification of Incident form, when appropriate.

5.4 Notification of Change(s)

5.4.1 AFS Providers are required to notify the Care Coordinator of all changes that:

- impact on support needs of the AFS Resident and the Individual Support Plan; and
- affect the AFS Provider's eligibility and capacity to provide support as outlined in AFS Service Agreement.

5.4.2 The Care Coordinator(s) shall document these changes in the appropriate AFS Provider or Resident file and respond as required.

5.4.3 All AFS Resident files maintained by the AFS Provider shall be made available for review upon request by SPD Staff. This may occur periodically, and at the time of the annual review.

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

9.0 APPENDICES

Reporting and Recording forms
Notification of Incidents
Quarterly Report Form

Program Policy:	Services for Persons with Disabilities	
Chapter ___10___:	Alternative Family Support	
Section ___10____:	Creating a Safe Environment	
Effective: 28/07/06 **Revised:**	**Authorized by:** Marian F. Tyson, Deputy Minister	Page 1 of 3

1.0 POLICY STATEMENT

The Department of Community Services is committed to ensuring that all individuals with disabilities residing in all program options, including AFS, are provided with a healthy, stable and supportive environment. Abuse in any form shall not be tolerated and all allegations of neglect and / or abuse shall be investigated expeditiously and thoroughly.

2.0 DEFINITIONS

2.1 Refer to Chapter 10, Section 1: Introduction 2.1-2.35, in addition to the following.

2.2 *Physical Abuse*: Infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking or kicking. Also includes the use of unapproved restraining techniques.

2.3 *Sexual Abuse:* Any form of unwanted or exploitative sexual behavior including harassment or acts of assault.

2.4 *Emotional Abuse:* Infliction of emotional pain through verbal or written expressions of intimidation, humiliation, ridicule, contempt or hatred. Includes yelling, swearing, or screaming at others.

2.5 *Property Abuse*: Misuse of an Individual's funds or assets without consent, including unauthorized use of bank accounts or denial of personal possessions.

2.6 *Medication Abuse*: Noncompliance with policies and procedures relating to medication administration, including withholding medication or over-medication, inappropriate use of medication, or failure to facilitate access to health services.

2.7 *Denial of Opportunity*: Unreasonable denial of opportunity for economic advancement or intentional withholding of access to available opportunities to meet needs for spiritual, mental or personal growth and satisfaction.

2.8 *Neglect*: Failure to provide the necessary care, assistance, guidance or attention which results in physical or emotional harm or loss to the adult or their estate. May be caused by an action or a failure to act and may or may not be intentional.

3.0 POLICY OBJECTIVE

To clarify expectations, requirements, and procedures regarding the prevention, reporting, and investigation of concerns, unusual incidents and / or incidents of abuse and / or neglect in AFS Homes.

4.0 APPLICATION

Refer to Chapter 10, Section 1: Introduction 4.1-4.2.

5.0 POLICY DIRECTIVES

5.1 Investigations of Concerns and Alleged Incidents of Neglect and / or Abuse

5.1.1 All concerns, serious incidents, and / or other incidents alleging abuse and / or neglect of a Resident in an AFS Home shall be reported and investigated immediately to ensure the protection of the AFS Resident. This investigation will be done in a manner that respects both the AFS Residents and AFS Provider's dignity through a process of investigation that is timely, fair, objective, comprehensive, and in accordance with all relevant provincial legislation.

5.1.2 Any AFS Provider who observes or becomes aware of an alleged incident of abuse or neglect of a Resident shall immediately report the occurrence to the Resident's Care Coordinator and complete and submit a Notification of Incident Form. AFS Providers shall follow all protocols and program standards as outlined in *AFS Provider Handbook*.

5.1.3 The Care Coordinator is responsible for following SPD policy and procedures regarding reviewing and responding to concerns and allegations of abuse or neglect.

5.2 Prevention Strategy(ies)

5.2.1 AFS Providers shall follow all protocols and prevention guidelines as outlined in SPD policy and procedures and contained in the *AFS Provider Handbook*.

5.2.2 The Care Coordinator shall ensure AFS Providers have received a current copy of the *AFS Provider Handbook*.

6.0 ACCOUNTABILITY

Refer to Chapter 10, Section 1: Introduction 5.1-5.5.

7.0 MONITORING

Refer to Chapter 10, Section 1: Introduction 6.1-6.3.

8.0 APPENDICES

Notification of Incident
AFS Provider Handbook